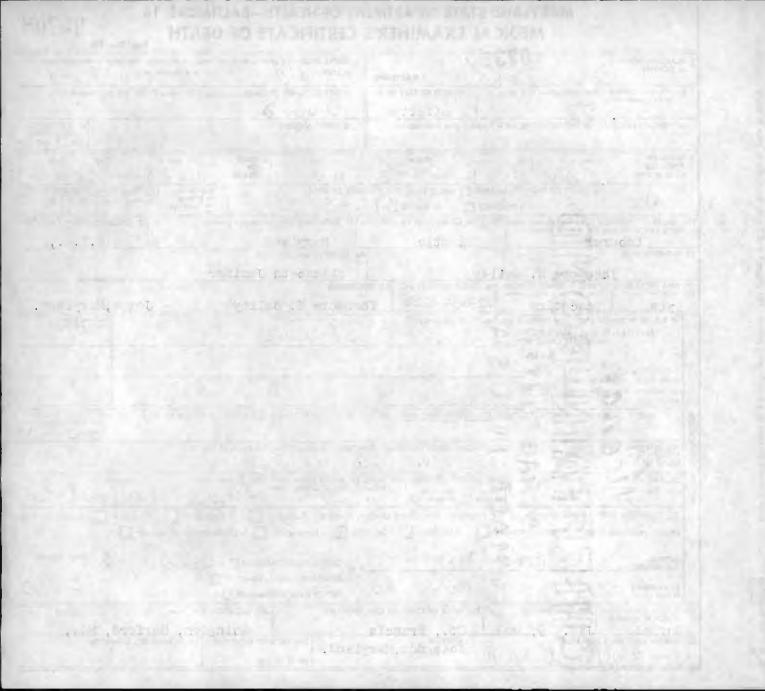
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (I) outside corporate limits write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) and give necess fown Lifetime d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET MODRESS e. IS RESIDENCE ON A FARM? YES NO DE NAME OF DECEASED 3. 4. DATE Day Middle Lost Month Year 26 (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours Min. WIDOWED [7] DIVORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Laborer Plastic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Janifer Theodore H. Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 34-2084 Joppa, Maryland. Theodore H. Bailev 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 76× **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20g. EXTERNAL CAUSE WAS PRIMARY, Stor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF MUURY (Home, form, 20f. (City or town) (County) (Slota) factory, street, office bldg., etc.) Not while 196 of work of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection V Inquiry Accident | Suicide X, Notural causes Homicide . Undetermined couse **ACTUAL** CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 1225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Francis Abingdon, Harford, 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Abingdon, Maryland. Cirching S. France DATE FEB

VS. A15ME(5) 5M 9/55



DNIC

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) b. COUNTY c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES | NO THE Month Year 19 600 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? 32 INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

> (County) (State)

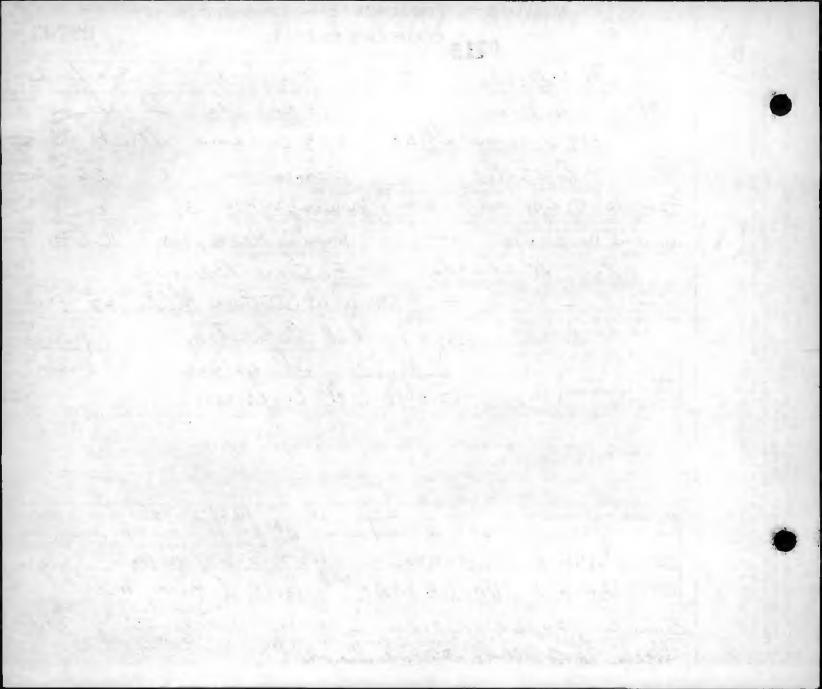
Cthat I last saw the deceased fram the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

(Stote)

22d. LOCATION (City, town, or county)

246. BEGISTRAR'S SIGNATURE



24b. REGISTRAR'S SIGNATURE

Orthur S. France

240, REC'D BY REGISTRAR

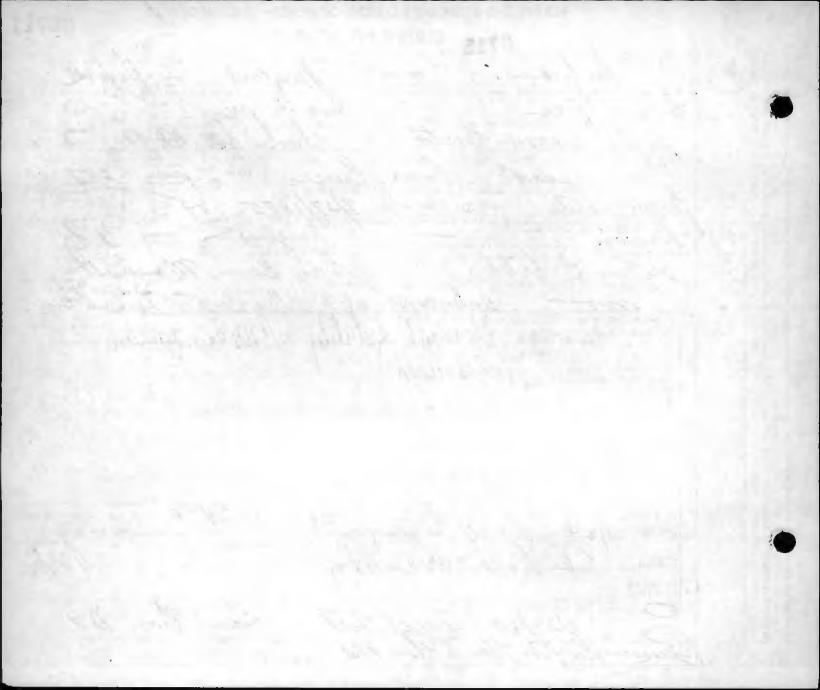
TO HOSPITAL OR A STREET OF TO FUNERAL DIRECT OF TO

23. FUMERAL DIRECTOR'S SIGNATURE

deoth certificate

requires that the

		Law.
		Law.
	Denomina Planta Catalana Catal	
	Part of the same of	
	A CONTRACTOR	
THE INC.		
6-11-		
1	area comer a sector aport	
	Market 780	



er death.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00712

0772			Reg. Dis	it. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASI	5D
COUNTY HARFORD	MARYLAND	STATE MO	COUNTY HA	RFORD
	LENGTH OF STAY (in this place)		e limits, write RURAL and give no	serest town)
TOWN RORAL- BELAIR	4DAYS		YAVIRE DE G	PACE
HOSPITAL OR	,	/ STREET ADDRESS	(If rural give location)
STREET ADDRESS HARFORD NURSING HI	OME	Star ;	Paule.	
3. NAME OF (First) (Mid	dle) ((Last)	4. DATE (Month)	(Day) (Yaar)
	NUEL BUR	PKENTINE	DEATH JAN.	22 1960
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVOR	S. DATE OF	BIRTH 9.		ER 1 YEAR IF UNDER 24 HRS.
NIALE WHITE (Spacify) WIDE	MED DEC.	25, 1880	79 yrs. Months	Deys Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND C	OF BUSINESS 11.	, BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	RED	PENN.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
ALBERT BURKENTI	NE	ELIZABET	H CONNO	DR
Of the second of	OCIAL SECURITY NO.	17. INFORMANT & ADI	DRESS	C . M
(Yas, no, or unk.) (If Yes, give war or dates of service)	1-07-9610	MRS John	DAYIN ITAVA	EPEGRACEIII
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CERT	IFICATION		ONSET AND DEATH
I MAMEDIATE CAUSE (A) COO	surviva	lesen		
ANTECEDENT CAUSE(S) DUE TO	. 1	Po o	1 0-	
DISEASES OR CONDITIONS, IF ANY, (B)	en) of	slamel	1 alsteedy	4
STATING UNDERLYING CAUSE LAST. DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION_	/ -	- alstulin	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, fi	as services	WHERE DID INJURY OCCUR?	Color - 4	unty) (State)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	bldg., atc.)	. White DID HOOK! OCCOR!	(Cu) or lown)	and a famos
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJ		F. HOW DID INJURY OCCUR?		
M. Whila at work	Not while			
22. I hereby certify that I attended the deceased	d from 12 - 1	, 19.59 , to	19.60, that	I last saw the deceased
alive on	at death occurred at		ises and on the date state	ted above.
SIGNATURE (7	ADDRE	SS (Streat, city, town, steta)	DATE SIGNED
elfry & Dudley	M. D.	nry ac s	LOCATION COMMENT	1-23-60
REMOVAL (SPECIFY)	RUP	NEMATOR!	LOCATION (City, town, or coun	ity) (State)
2 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	HOCK NON	25. FUNERAL DIRECTOR'S SIG	TARFORD	ADDRESS MA
DATE JAN 27'60 Caling & Though		AM Ji	114-1 11/11	REDEGRACE
DATENNIS	L/	I · I I I I I I I I I I I I I I I I I I	ELENTIF /KAYY	1600-01/11/

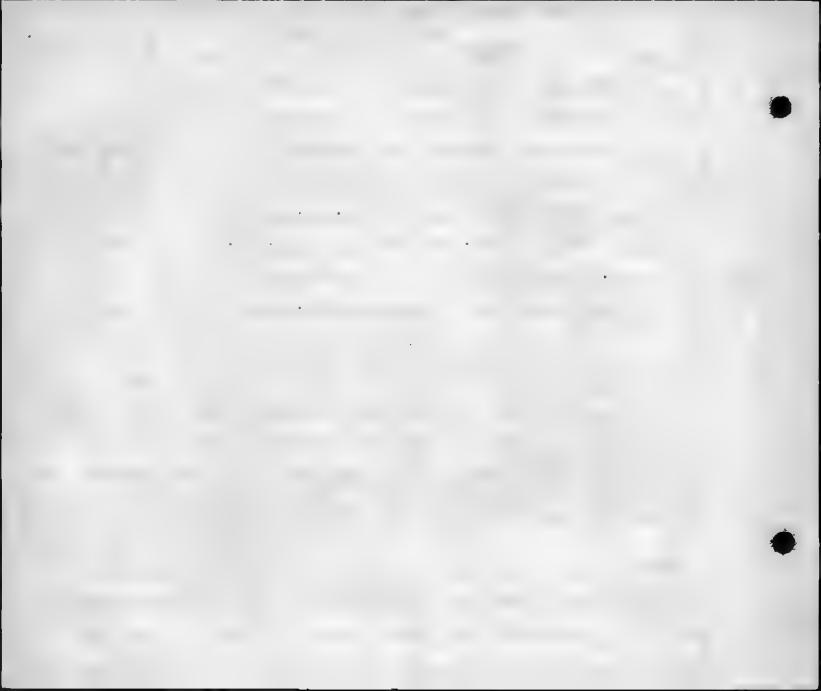
AUGSOMITAGE HEALTH OF THEMPS STATE CHARVEAN

CEPTIFICATE OF DEATH

	*
A SECTION ASSESSMENT OF THE PARTY OF	
1430	
TO MA PARAMETER UP	
We when calli	
500(40)	
111111	
my of read the second	
	Community waters of the
or high reason and will be the first	

please exedelay is ne trail director the func. gug Pages 5 r Give shauld be DEPUTY MEDIC





ofter

FUNERAL 9

0

VS A15 (4)

15M 10/57

agod

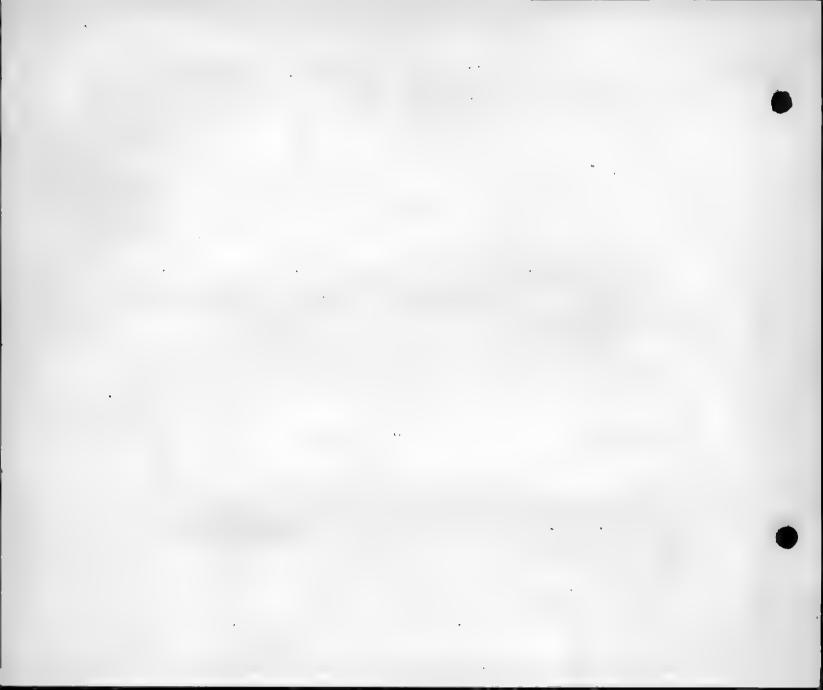
۽

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1 40	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.014.0
2	0736 CERTIFICATE OF DEATH Reg. Dist.	No. 00716
alrector,	1. PLACE OF DEATH a. COUNTY Harford 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE of STA	before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
> should	Forest Hill Woyears Forest Hill d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
and and	Rd #2 Box 7 / Rd # 2 Box 7 3 NAME OF DECRASED First Middle Last 4. DATE OF Month OF	YES NO TO
dges	(Type or print) Jacob H. Green DEATH January 17. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	19 60 YEAR IF UNDER 24 HRS.
camplete papers. I oth.	Male Col WIDOWED DIVORCED 19 October 1881 78 yrs. Months	ays Hours Min. EN OF WHAT COUNTRY:
and can ban pap er death	Automobile Mechanic Automotive Mryland U	S.A.
	Jacob Green Mary Presbury	
emovecon remove con 72 bours of	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (17 yes, give wor or doles of service) 2114-03-6963 Florence K. Green. Rd. #2 Row 7.1	Forest Hill.
ed by the attending rmit. Then please re ony event within 72	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corobral Hemorrhage 4.22 / Due to Conditions, if any, which) (b)	interval Between onset and death 20 minutes
P 9 -	gave rise to immediate couse (a), storing the under lying couse lost. Chronic Cardio-wascular Disease	?
has be vial-tra maval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF THE TERMINAL DISEASE CONDITION OF THE TERMINAL DISEASE CON	(a) 19. WAS AUTOPSY PERFORMED? YES NO X
ical or		
r this certif	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. P. m. 19 20d. INJURY OCCURRED While Not while at work	unly) (State)
Afte ached I burial,	21. I certify that I attended the deceased from August 31, 19 51, to January 17, 19 60, that I la alive an January 17, 19 60, and that death occurred at B:15 PM, from the causes and an the ADDRESS (Street, city or town, state)	
olkech d be det prior to	ACTUAL Signature Willard P Hudson MD. Forest Hill, Maryland	1/18/60
FÜNERAL DIREC page 3 should be the registrar priar	NAME (Type) Willard P. Hudgon M.D. 220. BURIAL, CREMATION, 226. DATE IMEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	
FÜNERAL DIRECT poge 3 should be of the registrar prior I	Burial 1/20/1960 Fair View Methodist Harf Co. Forest	(State)
A15 (4) M 9/55	23. FÜNERAL DIRECTOR'S SIGNATURE W. Brondway and Williams Str. DATEIAN 2 0 60 Coming S. K.	ateA





ъ

should

carban

attending

oched.

FUNER

1SM 9/5

should be strar prior

2 haurs off

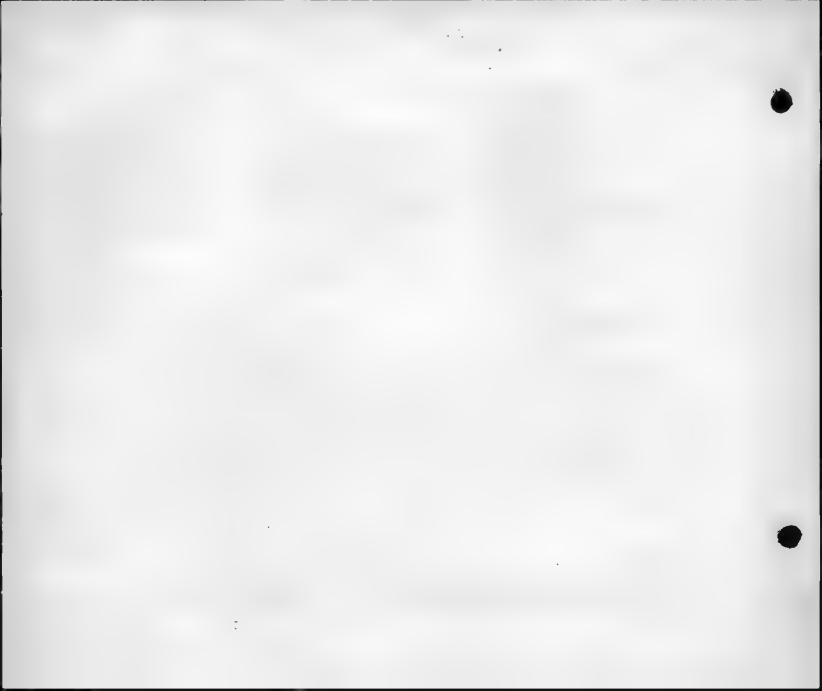


VS A1S (4) 15M 9/55 182

071

t			CERTIFIC	CAIE OF D	EAIH		Reg. Dist. 1	No.
1	o. COUNTY	CFORD	L d Marylan	II a STATE / .	ACUIANA	ed lived If institution b. COUNTY		efore admission)
	RURAL and give near	utside corporate limits, write est town)	LENGTH OF STAY IN 1	fort	OWN (If outside corp	orote limits, write f	RURAL and give	nearest town)
1/2	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give stree HEMORIAL	Hosp,	d. STREET AG	N. MAII	154,		•. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	CARolina		= HENA	4. DATE OF DEATH	0/1/10	ARY	20 196F
5	FEMALE (COLOR OR RACE 7. MAI	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	_	9. AGE (In years last birthdoy) OL yrs.	Months Day	AR IF UNDER 24 HRS s Hours Min.
1	O. USUAL OCCUPATION	(Give kind of work dane 10t	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPU	CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
1	3. FATHER'S NAME ISE	ac	Hopkins	Flok	MAIDEN NAME PENCE	ALEXA	Index	م ا
		N U S. ARMED FORCES? 16		7 INFORMANT Josiah F	ields,18	4 Main 3	ot.Por	Md. t Deposit
	Conditions, if any gove rise to improve to improve the lying couse lost.	DUE TO	Iremia ctastatu Ca	celnome i	if the C	Vast	C	NTERVAL BETWEEN NSET AND DEATH
()	PART II OTHER	UNDERLYING [] 206. DE	SCRIBE HOW INJURY OCCU				VEN IN PART 1(c	PERFORMED? YES NO
100	20c. TIME OF INJURY Hour a.m p. m.	Whil		PLACE OF INJURY (Infoctory, street, office		'y ar Iown)	(Coun	iy) (State)
/	21. I certify that alive on	I attended the decec	1	2 1960 oth occurred at.	2 45			saw the deceased date stated above DATE SIGNES
10.7	PHYSICIAN'S NAME (Type) G	226. DATE THEREOF 1-23-1960	20c. NAME OF CEMETER 1vit. ZOar			He rich stown.		(Slote)
127	DA CHERAL DIRECTOR'S	SIGNATURE ON	ADDRESS	lle md.	24a, REC'D \$1 REG		ISTRAR'S SIGNA	TURE





0719 CERTIFICATE OF DEATH Reg. Dist. No. į, 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH ° st Maryland o., COUNTY filed b. COUNTY MARYLAND Cecil AREORT CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town 8 Davs Perrvville Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Susquehanna Ave. YES | NO K 4. DATE NAME OF Middle Month Year DEATH (Type or print) 1962C 9. AGE (In years lost birthdoy)
49 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 19 Doys Hours June 1.1910 WIDOWED IT DIVORCED [100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Shoe Shop New York USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Fred Hill Eleanor Fox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 1929-1932 217-36-2932 Mrs John E. Little Sr. Perryville .md. Yes 18. CAUSE OF DEATH [Enter only one court per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if ony, which pove rise to immediate couse (o), stoting the underlying couse lost. PANT IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter halture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg , etc.) Hour o. m. While Not while of work of work 21. I certify that I attended The deceased fram Han. Ch . 11 1/19 6 Othat I last saw the deceased bo Rand that death occurred at LiOAR M, from the causes and an the date stated always. DATE KIGNER SIGNATURE Ф PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d LOCATION (Lity, town or county) 220. BURIAL, CREMATION. 22: NAME OF CEMETERY OR CREMATORY Wesleyan Chapel Aberdeen .Md., Rural FLINERAL DIRECTOR'S MORNASUL 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE M Perryville .Md VS A15 (4) DATE JAN 1 3 '60 Cuthung S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	1
may be retained by lospital an attending physician.	2
TO FUNERAL DIRECTO. After this certificate has been signed by the attending physician and completely filled in by the f	1
page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	
the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs ofter death.	£

V\$ A15 (4) 15M 10/57

多1	1/5
7	, ,

4

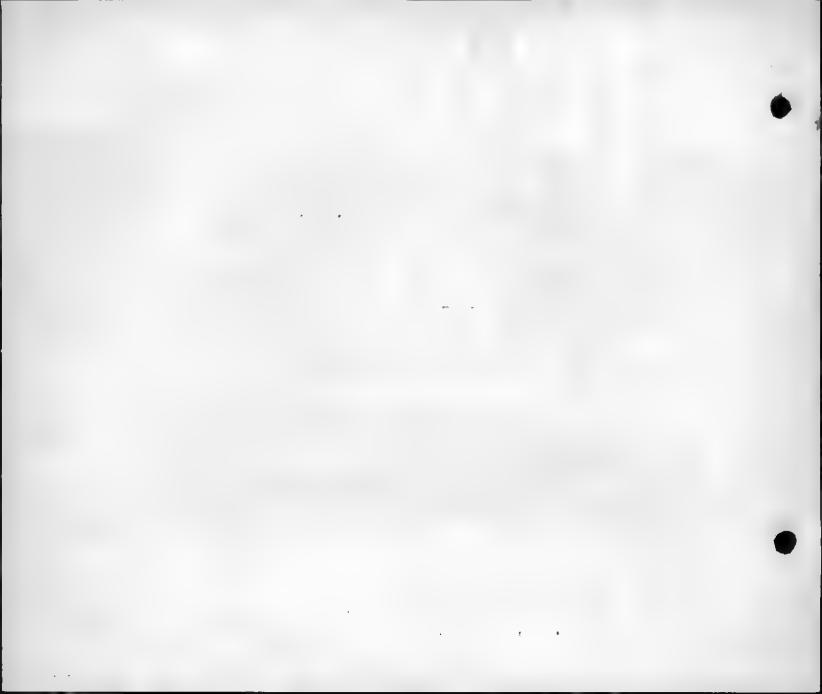
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0709 CERTIFICATE OF DEATH

Reg. Dist. No.

0072		Ð	7	4	\mathbf{z}
------	--	---	---	---	--------------

	1. PLACE OF DEATH O. COUNTY MARY	2. USUAL RESIDENCE (Where deceased liyed If institution: Residence of STATE b. COUNTY b. COUNTY	e before admission)
	b. CITY OF TOWN (If outside corporate limits, write c. LENGTH OF STAY	Y IN 1b c. CITY OR TOWN Ill foulside corposate limits, write RURAL and up	ive nearest town)
	RURAL and give indirect town) 2 Weeks	5. X Bel Des (Rural)	>
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 608 //dse wood.	1 Toll gate Road-	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) To live Lee.	INWILL 4. DATE OF DEATH Jan G	24th 1960
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRI MIGG WIDOWED A DIVORCE	lost birthday) Manths	YEAR IF UNDER 24 HRS. Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
1	Turner / of washer weall / le coop	Perusy vana	USH
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO	O. 17 -INFORMANT Address A	3-101-11-
	(14), no, or otherwin) (If yes, give wer or defee of served) 217-36-410	11 10 0 1 C Asi	wood Rd
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	11 . 4 · 11 · 23(3mm)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1740 EAC	cas - Monus !!	1-2 pears
	422,1 DUE TO	achinia	2 W
	Conditions, if ony, which gave rise to immediate DUE TO	racocco	3 jans
	lying cause last.		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 While Nat while of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (C foclory, street, office bldg., etc.)	ounly) (State)
	21. I certify that I attended the deceased from.	, 1966, to AN. 24, 1960, that I I	ast saw the deceased
	alive on JAK24 1960 , and that	tydeath occurred at 2:147M, from the causes and on the	
	() () () () () () () () () ()	ADDRESS (Street, city or lown, state)	DATE SIGNED
	SIGNATURE RULE TURNEDON H	M.D. Dal Mu, 112	1/24/60
	PHYSICIAN'S Charles Vichardson	112	****
	REMOVAL Specify) - 26 60 CL	METERY OR CREMATORY 22d LOCATION (City, town, or county)	ry acco
	23 EUNERAL DIRECTOR'S STGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIG	NATURE
,	your 4. owney , wax were us	PAMIN 27 '60 Cing & E	2-3-6



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00723

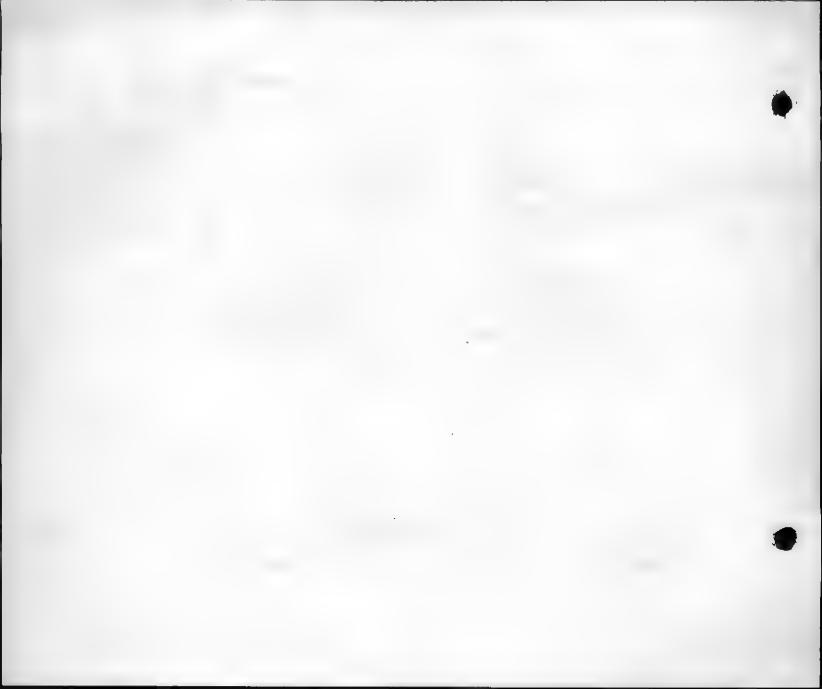
Reg. Dist. No.

		PLACE OF DEATH COUNTY	Harford	0710 MAR	YLAND	2. USUAL RE 0. STATE	SEDENCE (Where	deceased lived. If Inst b. COUN	2.0	refore admission)
	Б	. CITY OR TOWN (III	f outside corpordia limits, write It	25445.	IN 1b	c. CITY O	R TOWN (If outsi	de corporate limits, wri	te RURAL and give	nearest town)
	L.	- B S	21 AM			17 100	5 RK.	Au		
_	°	NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospital, give street oddre	ns)	d. STREET	ADDRESS	am & h	ed	o, is residence on a farm? YES NO 2
		NAME OF	First	Middle		1.o	4. D	ATE Mo	nth Do	y Year
-		DECEASED (Type or print)	Make	£ 5.	Ta	els:	The state of the s	EATH Janu	12 vy 5	194-0
	5. 5	EX		MARRIED NEVER MARRIE	D 🔲 8. (PATE OF BIRT	H	9. AGE (In years lost betheloy)	Months Days	R IF UNDER 24 HRS.
				WIDOWED DIVORCED		PIZHATY	1079	66 Y		THOUSE THE STATE OF THE STATE O
	10a d	. USUAL OCCUPATE luring most of working	ON (Give kind of work do ng life, even if retired)	ne 106. KIND OF BUSINESS OF	INDUSTRY	11, BIRTHP	LACE (State or fa	reign country)	1 41 6	OF WHAT COUNTRY?
		Housekee	Nec	1+ousemer K		(1)b	ryland		l u.s	or H.
	13.	FATHER'S NAME	0 011			4. MOTHER'S	MAIDEN NAME			
	L	Richard	Smith			1-17N	uie Bal			
	15. (Yes	WAS DECEASED EV	ER IN U. S. ARMED FORC	vice!	. 17. INF	ORMANT		Addre		
	1	VO		215-32-1150	Mrs	HESTON	Fisher	Williams	Street	Á
		18. CAUSE OF DEA	TH [Enter only one cause	per, line for (a), (b), and (c).]	·	Α.			IN	TERVAL BETWEEN
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Coronars	7 []	المار وس	4210	Y w	100	ISET AND DEATH
	Н	420.1	DUE TO	(
		Conditions, if o								
		gave rise to imme	diote couse							
		(a), stating the cause lost.	underlying							
	z			TIONS CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	THE TERMINAL I	DISEASE CONDITION O	IVEN IN PART I/a)	10 WAS ALITOPSY
)	ATIO								1100	PERFORMED?
	된	20g. EXTERNAL CAL	JSE WAS 20b.	DESCRIBE HOW INJURY OCCU	RRED (Fot	er nature of i	nines in Part Las	Part II of item 18)		YES NO
	L CERTIFICATION	200. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.								
	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year	20d. INJURY OCCURRED 2	20e. PLACE foctors	OF INJURY	Hame, form, 20	f. (City or town)	(Caunty)	(State)
	ME	p. m.	19	at work at work						
		21, I certify th	nat I took charge o	of the remains describe	d above	e, held ar	Autopsy [, Inspection 🗵	, Inquiry	, and find that
		death resulted	from: Natural ca	iuses 🕅, Accident 🗌	, Svici	de 🔲, 🛙 i	tomicide 🔲	, Undetermined	cause .	
		n	1 0 0	PA				2 - 2	1 : 011	/
1		SIGNATURE 2	eraci (lakmen		M.D. CHIEF	MEDICAL EXAMIN	IER [ZRY A	to 1001	DATE SIGNED
₹.			0 - 1	. 1 6. 0		ASSISTA	NT MEDICAL EX	AMINER 🗌	1 -	5-6A
		EXAMINER'S NAME (Type)	261,3101	الماذا	:)- /	бериту	MEDICAL EXAM	INER 🔀		3 60
	220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMET		1		LOCATION (City, town	, or county)	(Stote)
		Bunn	Jan. C, 175	1 1	mett	odist			and Co., 1	Maryhand
	23.	FUNERAL DIRECTOR		Broadway + W:	11 % 13/115	3 St.	24a. RESTR BY	REGISTRAR 246. NEC	HSTRAR'S SIGNATI	
		Agierf-	W, toster P	del Air, more	300		DATEJAN 7	'60 C	Inthung S. Kro	ua .



executed

certificate

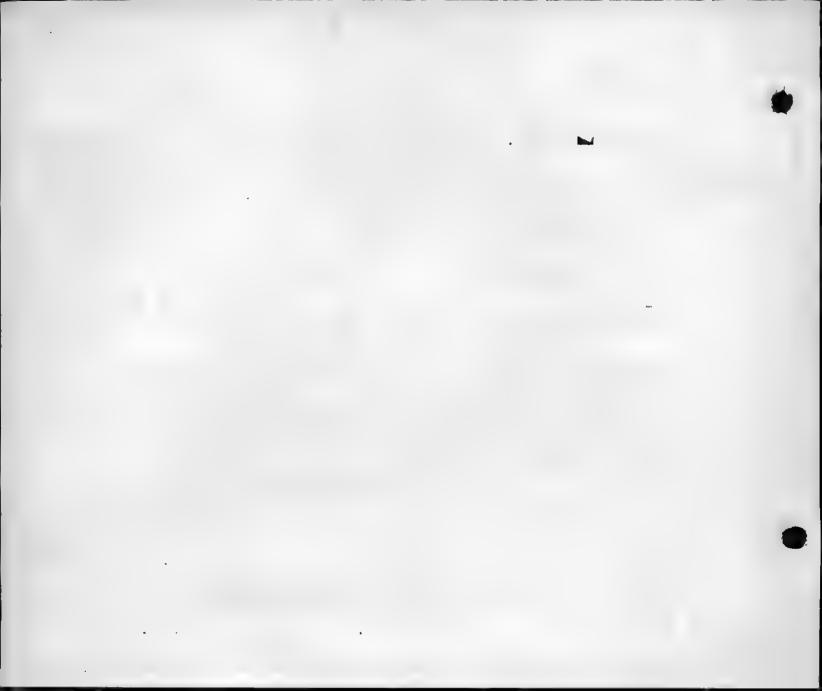


Poge

requires that



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CEDTIEIC ATE OF DEATH

00727		()	{}	7	2	7
-------	--	----	----	---	---	---

	1379.5 CERTIFIC	AIL OI BLAIII	Reg. Dist. No.
1	1. PLACE OF DEATH COUNTY FORD	Marsand	ed lived, If institution, Residence before admission) b. COUNTY Halfbraid
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. CITY OFFICHING (If outside core	corpley limits, write RURAL and give nearest town]
1	of NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LARGE OF MICHAEL (IF not in hospital, give street address) LARGE OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED [Type or print] NE++; E MARGARY KA	Lost OF DEAT	4 JAN. 12 1960
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/27/1901	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min
	100. USUAL OCCUPATION (Give kind of york done 10b. KIND OF BUSINESS OR INDE	Mamoken	Pa 12. CITIZEN OF WHAT COUNTRY? 21. S.A.
)	Stanley Baginabi	Pauline Rutre	mowiez
	15. WAS DECEASED EVER IN U. S. ARAND FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown]. [It yes, give wor of dates of service] [Undnown]. M.	Ettie D. Padgett	Webster Village Md.
		umonia	ONSET AND DEATH
V	L49/X DUE TO Cenditions, if ony, which) (b)		
	gove rise to immediate couse (a), stating the under-lying couse last.		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	Arterioscleratio	PERFORMED?
	OR CONTRIBUTING AUSE OF DEATH	ED. (Enter nature of injury in Part 1 or P	of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while of work of work f	"LACE OF INJURY (Home, form, 20f. (Cactory, street, office bldg, etc.)	ty or town] (County) (State)
	21. I certify that I aliended the deceased Irdin.	0 , 19 60, ta 1/13 h occurred at 1:15 1/1 M, fro	m the causes and on the date stated above.
	ACTUAL HOSE CLOSUN		Street, city or town, state) DATE SIGNIPO NEAR HEE (1136
1	PHYSICIAN'S Edurand C. Loo, M. J.	s. Havred	c Grace, lud
	220 BURIA). CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify) 1/6/60 Trans	OR CHEMATORY 22d 190	Aylon (City, town, of county) Pa (Slote)
	23 PUNERAL DIRECTOR'S SIGNATURE TO HOURS	ace My DATE JAN 1	

may be retained the hospital or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and commeterly filled in by the relative page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremotion, or removal, and in ony event within 72 havis after death. 07 VS A15 (4) 15M 9/\$5

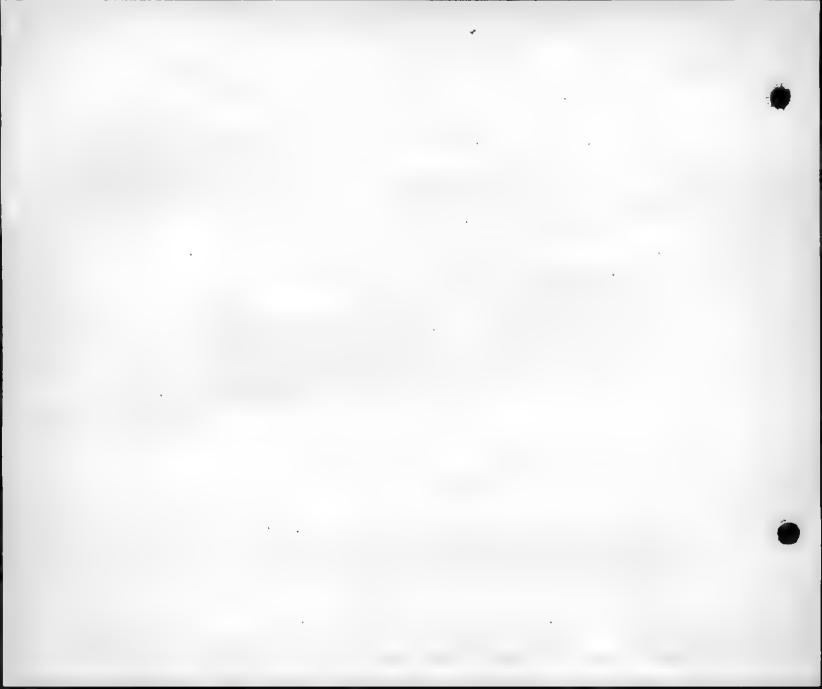
NDING PHYSICIAN: The low requires that the death certificate lie executed within III hours after

TO HOSPITAL OR A

death Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0711 CERTIFICATE OF DEATH

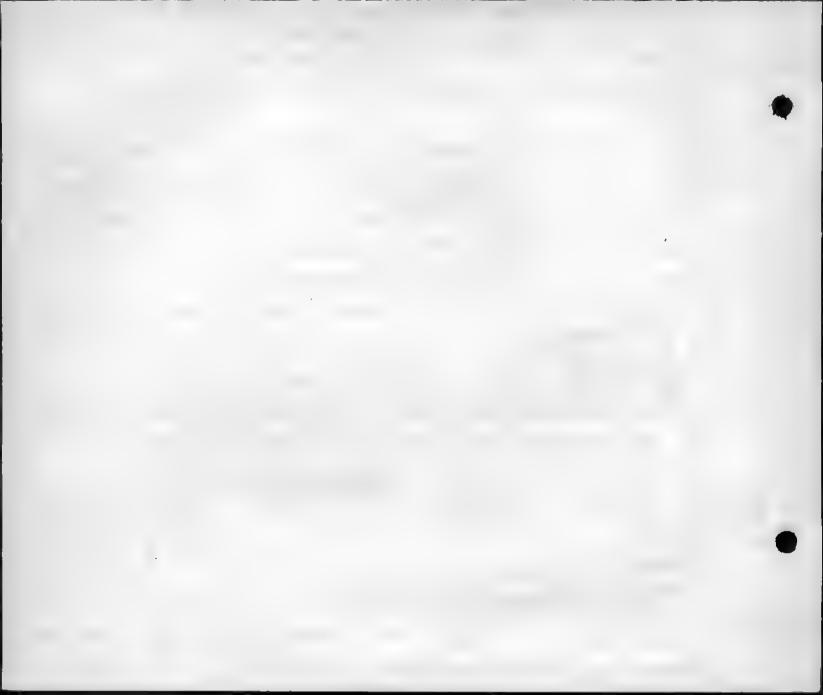
Dist. No. () () 729

	001	1		Keg. DI	IT, NO.
)	1. PLACE OF DEATH O. COUNTY HAT-ferd	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARY/AL	ere deceased lived If institution Residen b. COUNTY HAY	ce before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BEI APP	3 months	c. CITY OR TOWN (IF of	utside corporate limits, write RURAL and (give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 210 WHELEY TERRACE	address)	d STREET ADDRESS	ELEY TETTACE	o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print)	Middle M,	LEhr	4. DATE Month OF DEATH JANUARY	Day Year '2-8, 1960
	5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		8. DATE OF BIRTH Nov. 6, 1885	I mak harshalana ()	TYEAR IF UNDER 24 HRS. Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. dyring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or foreign country) 12 CII	IZEN OF WHAT COUNTRY
,	HOUSEWIFE HE	cusework	-SA/PNA, KI	4N3H5 L1	, 3. A.
	DANIEL M. EVANS			M. HEdgES	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		FORMANT S. Edwin C. Kok	ZIO LE ALEILLY TE	Errace
	IB. CAUSE OF DEATH {Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) / 7 / X DUE TO		2 + ELLO MA	1. "	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO		•		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED). (Enter nature of injury in P	ort I or Part II of item 18.}	
	Hour a. r., While	NURY OCCURRED 20e. PLA Not while t of work	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	20f. (City or town) (0	County) (State)
	21. I certify that I attended the decease alive on 19			19년2,that I M, from the causes and on th	last saw the deceased he date stated above.
,	ACTUAL SIGNATURE	ata.	10. BOX 96	ADDRESS (Street, city or town, state)	DATE SIGNED
1	PHYSICIAN'S NAME (Type)		,	./	. 7 0
	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) FEb. 1,1960	BEL APP MEMO		22d. LOCATION (City, town, or county) BEI Air, Harbord	(State) 3. Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE 43. Bron	ADDRESS Adores + William	240. REC'D	BY REGISTRAS - 246- REGISTRAS'S SH	a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by haspital or attending physicion.

TO FUNERAL DIRECTA After this certificate has been signed by the attending physician and campletely filled in by the fall director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55 10



15M 9/5B





24b. REGISTRAR'S SIGNATURE

arthur S. Kinga

REC'D BY REGISTRAR DATE JAN 1 9 '60

poge 0 VS A15 (4) 1SM 9/58

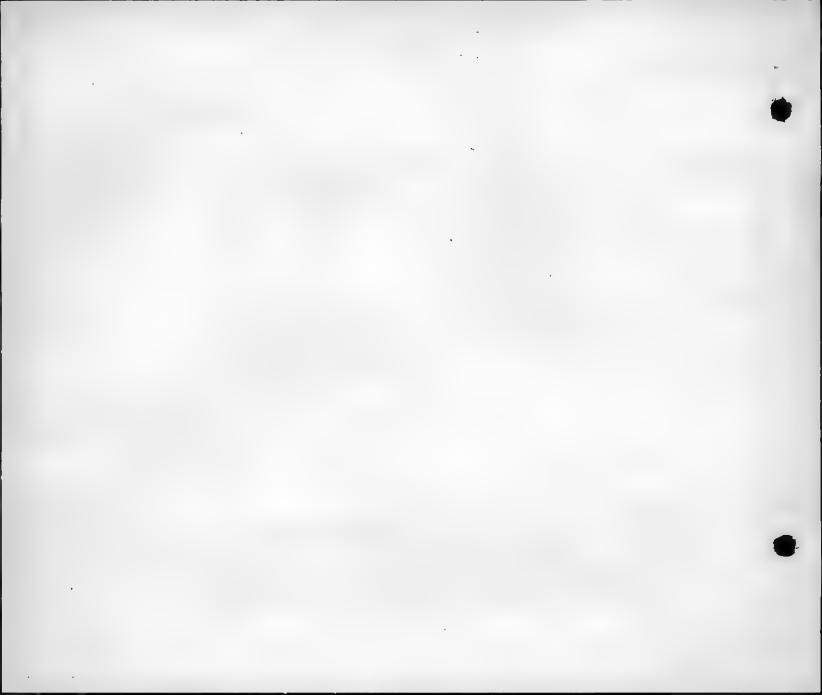
he

23 FUNERAL DIRECTOR SI SIGNATURE



alleg & K

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ARFORD CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest laver d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE
ON A FARM? YES NO X ARITO NAME OF DECEASED Middle Lost DATE Manth Year DEATH (Type or print) 1961 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE/ In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days May 25. 1881 WIDOWED [7] 100 OSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Practiclashile Nat it teles Private Homes Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip Fox Jackson Margaret Berrv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Deposit (Yes, no. Windnown) Miss Ida Jackson, 91 N. Main St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) do DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (o), sloting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o.m. While Nat while ol work at wark 21. I certify that I attended the deceased from 2-/U _____1940_that I last sow the deceased 12 1960, and that death occurred at 1215 PM, from the causes and on the date stated above DDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) Richards Jr., M.D. 220. BURIAL, CREMATION, 22b DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REPORT PERCEN 1-20-1960 St. Marks Perryville .md. Rural

24a. REC'D BY REGISTRAR

Perryville Md. DATE JAN 2 0 '60

24b. REGISTRAR'S SIGNATURE

arthur & Frank

ADDRESS

should

23 FUNERAL DIRECTOR'S SIGNATURE

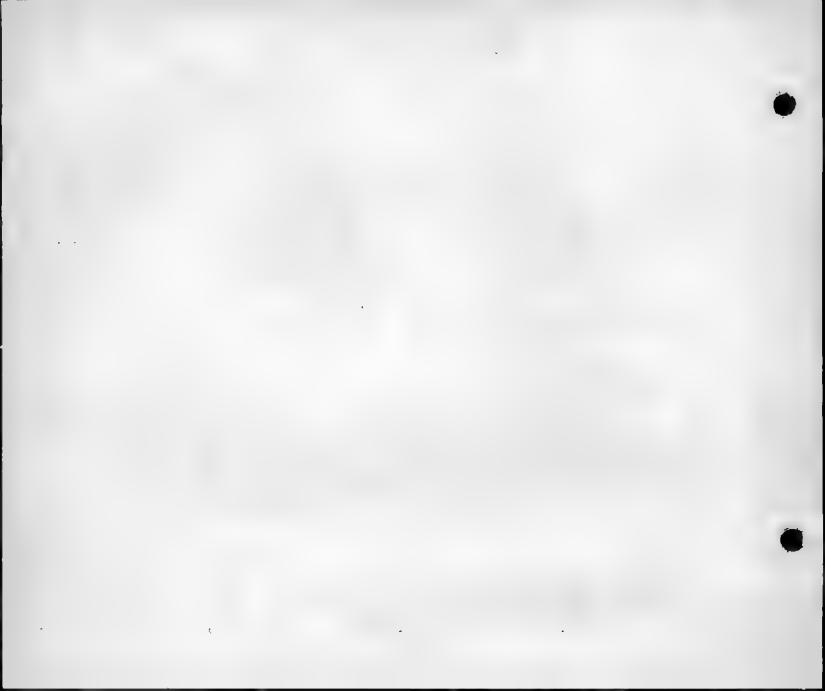


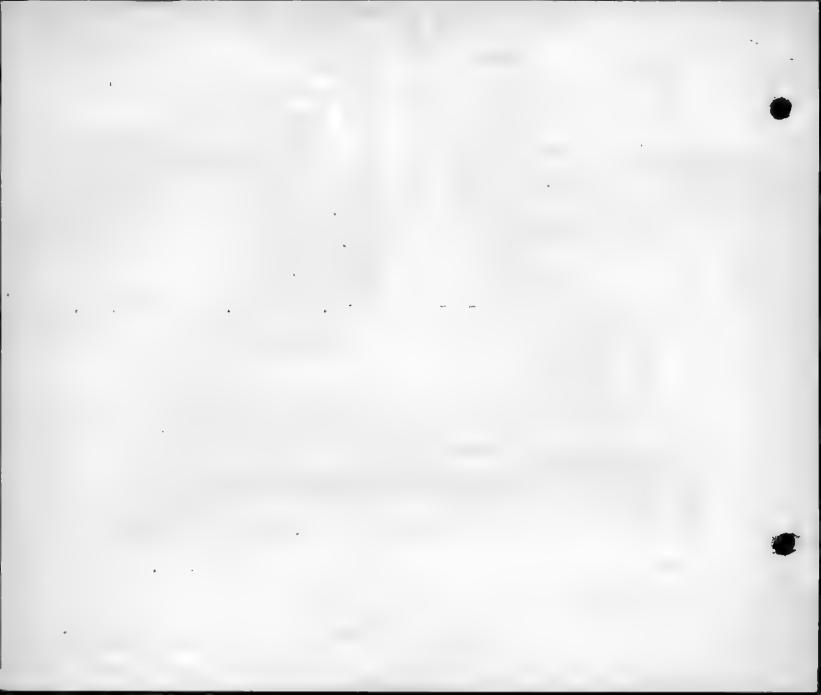
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0743 **CERTIFICATE OF DEATH** Reg. Dist. No. () (1735

Ī	PLACE OF DEATH o COUNTY	Harford		MARYLA	- 11	a. STATE	ence (Whe		lived. If instituti b. COUNTY			re odmin	sion)
1	L CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	11ь				rote limits, write F	URAL ond			n}
X	RURAL and give ne			50 yrs.			dgew						
	d. NAME OF HOSPITA OR INSTITUTION		ive street		,	d. STREET AC		304					SIDENCE L FARM?
3	NAME OF DECEASED	Fir	sf	Middle		Last		4. DATE OF	Mer	nth .	Do	y	Yeor
L	(Type or print)	Frede		н.		Mye	rs	DEATH	J	an.	1		1960
5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS
L	Male	White	WIDOWI	ED DIVORCED		June,17	,1890		69 yrs.	Months	Days	Hours	Min
10	Output Occupation during most of working	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (State o	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
L	Propi	rietor		Farm		Magn	olia,	Mary	land		J	J.S.A	1.,
13	E FATHER'S NAME					14. MOTHER'S /	MAIDEN N	AME					
Н	Henry	Myers				C	hrist	ine H	erbert				
15	. WAS DECEASED EVER			SOCIAL SECURITY NO	17. INFO	DRMANT			Add	ress			
Ľ	no	T yes, give war or during or s	· ' .	220-14-2545	Mrs	Iren	e H.	Myers	. Edgewo	od. M	arvl	and	
CERTIFICATION	Conditions, if on gave rise to in couse (a), stating t lying cause lost.	he under DUE TO ER SIGNIFICANT CON]	ONTRIBUTING TO DEATH		DT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION GIV	VEN IN PAI	RT 1(o) 1	PERFC	AUTOPSY PRMED?
		MEDICAL EXAMINER)		CRIBE HOW INJURY OCC									
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	While	NJURY OCCURRED 20 k at work	De PLACE factor	OF INJURY (He y, street, office l	ome, form, bldg., etc)	20f. (City	or lown)	{	County)		(Sicie)
,	21. I certify the alive on	Fores	19.1	ed from 12/	1 "	., 19.54, ccurred at	10 0	DORESS (SH	the couses of feet, city or lown.	and on the state)	he do	te stote	
Ž	BURIAL, CREMATION	1, 22b. DATE THEREO	F	22c. NAME OF CEMETE	RYORC	REMATORY			ION (City, town,			(State	e)
	REMOVAL (Specify)	Jan. 3.19	60 _	Trinity Lu	ther	an		Jon	pa, Harf	ord.	Ms	arvla	and.
23	FLINERAL DIRECTOR'S			ADDRESS		:	240 REC'D	BY REGIST	*****	STRAR'S SI			
4	Hward A	Metern	us)	Abingdo	p,Ma	ryland.	DATE JAN	6 '6	0 C.	thung S.	Firme	4	





DIRECT FUNERAL C) õ

PHYSICIAN'S

NAME (Type)

220 BORIAL, CREMATION,

REMOVAL (Specify)

11/200 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

22c. NAME OF CEMETERY OR CREMATORY

(State) 24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

00737

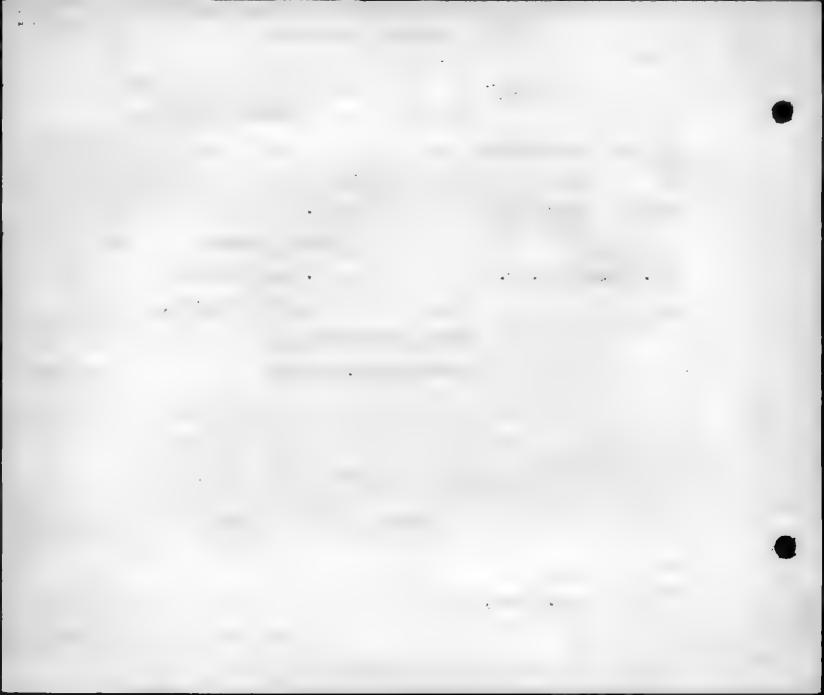
Year

PERFORMED?

(Stote)

19 60

VS A15 (4) 1SM 9/SS



MARYLAND

,⊆

Filled

pietely

gud ş carban

physician remove

2 attending ease

ā

the

gned

been si

has

certificate

After

burial-transit physician

₫

that the death certificate be

papers. COM

PLACE OF DEATH o. COUNTY b CITY OR TOWN IIf outside obroorote limits, write RURAL and give nearest town!

OR INSTITUTION

Darlington d. NAME OF HOSPITAL (If not in hospital, give street address)

c LENGTH OF STAY IN 16

Middle

d. STREET ADDRESS

IS RESIDENCE ON A FARM? YES NO

Year

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

NAME OF DECEASED (Type or print) 5. SEX

6. COLOR OR RACE 7. MARRIED NEVER-WARRIED C WIDOWED |

At home

10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during post of yorking life, even if retired)

14. MOTHER'S MAJDEN NAME

B. DATE OF BIRTH

AGE (In years last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

Rea. Dist. No.

b. COUNTY

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

4. DATE OF

~ DEATH

13. FATHER'S NAME

ARMED FORCES? 16 SOCIAL SECURITY NO

INFORMANT

Address

Month

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.0

DUE TO

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.

(b) **DUE TO**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

PERFORMED? YES NO!

TERVAL BETWEEN DISET AND DEATH

200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

p m

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

20c TIME OF INJURY Day, Year Month, Haur a.m.

20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Hame, form factory, street, affice bldg , etc.)

20f (City or town)

(County) (State)

alive an_

ot work ot wark 21. I certify that I attended the deceased fram Audio

1959, ta Jan. 29, 1960 that I last saw the deceased

<u>GO</u>, and that death accurred at 1:50 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE

MD. 568Rev lation St. Houre de Grace Ma

PHYSICIAN'S NAME (Type)

220 BURIAL, CREMATION, 22b DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY v Yla

22d. LOCATION (City, town, or county)

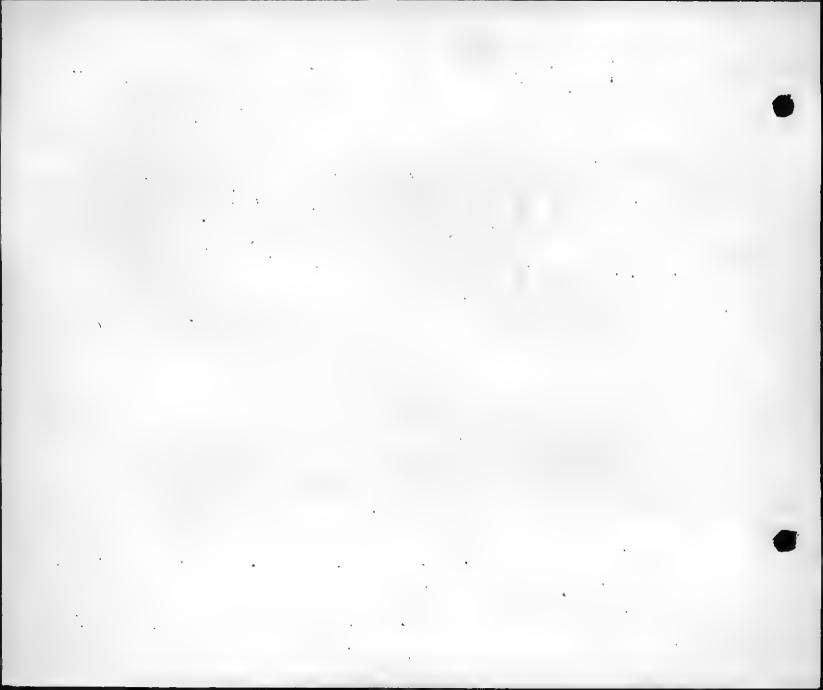
(State) 1 246 REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR FEB DATE

arthur & Kings

O FUNERAL DIRECTOR: A page 3 shauld be detach 2 VS A15 (4) 15M 9/58



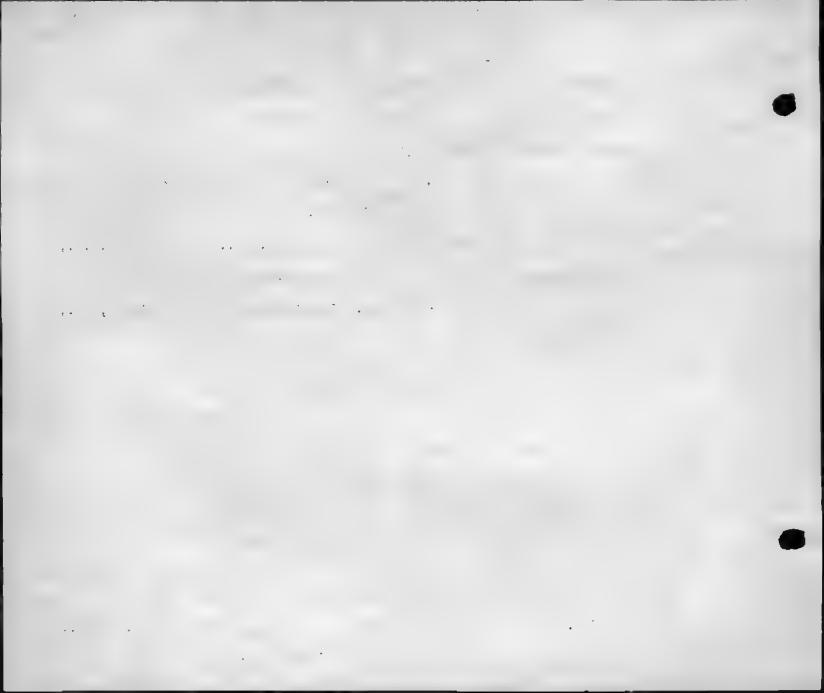


pending" in iner's Office DEPUTY cute

VS. A15ME(5) 5M 9/55



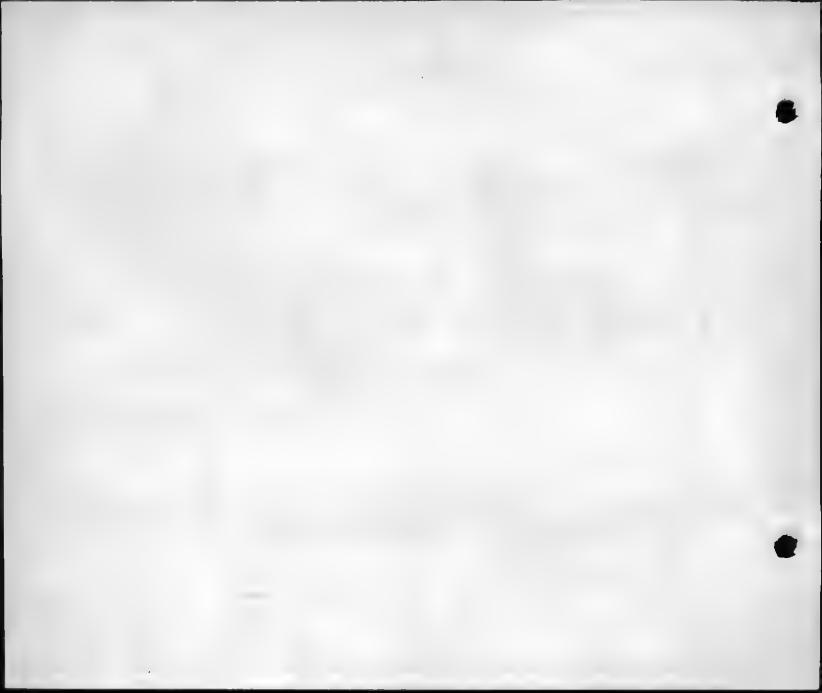
Harford Memorial Hospital Harford Memorial Hospital State of		EPARTMENT OF HEALTH	MARYLAND STATE	S Film 257	Ite9-18	1
HEALTH DEPI. 1. PLACE OF DEATH 2. COUNTY Harford b. CITY OR TOWN If outs de corporate iminits. Wild and one of the composite iminits. Wild and one of the composi	(1117.0.1)				Divisi	FOR STATE
**COUNTY Harford b. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 15 15 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **SEC 16 00 D. CITY OR TOWN (if outs de corporate immits, write RURAL and give meanest town) **Joppa* d. STREEL ADDRESS ON A F. **SEC 16 00 DEATH January 13 19 60 Rudd DEATH January 13 19 60 Rudd DEATH January 13 19 60 DEATH January 13 19 60 DEATH January 13 19 60 DEATH January 14 DATE OF RUDDER 1 YEAR, IF UNDER 14 DATE Male White WIDOWED DIVORCED JULy, 14, 1937 P. AGE (in years IF UNDER 14 DATE DO NOT HERE ADDRESS ON A F. 10 DEATH January 13 19 60 DEATH January 14 DATE OF RUDDER 1 YEAR, IF UNDER 1 YEAR, IF UN	ATT.		OBOK		1 PLECE OF	HEALTH DEPT.
Definition of the composition of the composition in the write Rural and give nearest fown) Harre de Grace d. NAME OF HOSPITAL OR NSTITUTION (if not in hospitia., give street address) Harrord Memorial Hospital S. NAME OF HOSPITAL OR NSTITUTION (if not in hospitia.) Harrord Memorial Hospital S. NAME OF HOSPITAL OR NSTITUTION (if not in hospitia.) Harrord Memorial Hospital S. NAME OF HOSPITAL OR NSTITUTION (if not in hospitia.) Joppa d. STREET ADDRESS o. IS RESIL ON A F VES _ M. A DATE OF DECRASED (Type or pinal) S. SEX G. COLOR OR RACE, 7. MARRIED NEVER	. COUNTY	a. STATE b.	0725			8 8 A
Harford Memorial Hospital Harford Memorial Hospital Substitution Substitut			imits, I c. LENGTH OF STAY IN TE	DR TOWN (if outs de corporala ilmits	b. CITY OR T	
Harford Memorial Hospital Harford Memorial Hospital Substitution Substitut		X Jeppa		and the second	write RUI	\$ \$ 50 P
Harford Memorial Hospital Harford Memorial Hospital	IS RESIDENCE ON A FARM?				d. NAME OF	is de la
Silly 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JULy, 14, 1937 19 Out 15 or 16 or	4-74		norial Hospital			delk ners ned the B
Silly 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JULy, 14, 1937 19 Out 15 or 16 or		OF	First Middla	SED	DECEASED	any ne fu etair etair e Sta deat
Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Male White WIDOWED DIVORCED JULY, 14, 1937 22 yrs. Months Days Hours July, Months July, Months Days Hours July, Months July, July, Mo		Truck out		BILLY		ther there
10. USUAL OCCUPATION (Give kind of work done during most of working life, aven if retired) 10. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 11. CITIZEN OF WHAT COUNTRY COU	thday Months Days Hours Min.	last birt				deal
dona during most of working life, aven if retired Laborer Shoe Factory Fawn Grove, Pa., U.S.A., 13. FATHER'S NAME James Rudd Orpha Rigsby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronche pneumonia (a), stating the undarlying cause last. (b) Bronche pneumonia (c) DUE TO Cause last.	12. CITIZEN OF WHAT COUNTRY?	RY 11 BIRTHPLACE (State or foreign country)	work 106. KIND OF BUSINESS OR INDUS	OCCUPATION (Give kind of work	10a. USUAL OC	2, ar
13. FATHER'S NAME James Rudd Orpha Rigsby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Illyasglvawarordatasofservice) 10. ELIE 10. The property of the pure of t	II S A		etirad)			age, 12
James Rudd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 216-43-4580 Mrs., John Steele 216-43-4580 Mrs., John Steele 353.3 Conditions, if any, which gave rise to immediate causa [a), stating the undarlying causa last. (c) DUE TO Cause of Death (Enter only one cause parl ine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronche pneumonia (b) DUE TO Cause last. (c) DUE TO Cause last.		14. MOTHER'S MAIDEN NAME		'S NAME	13. FATHER'S N	-00.
(Yes, no, or unkown) [(Ifyesglvawarordetesofservice)] 10. SOCAL SCUALT NO. 17. INFORMANT 10. SOCAL SCUALT NO. 17. INFORMAT 10. SOCAL SCUALT NO. 1		Orpha Rigsby				PA III
18. CAUSE OF DEATH [Entar only one cause part in a for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate causa (a), stating the undarlying cause last. [b] DUE TO Cause last.	Address	INFORMANT				
PART (. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Epilepsy 353.3 Conditions, if any, which gave rise to immediate causa (a), stating the undarlying causa last. Conditions	Joppa, Md.,	s., John Steele	2 2			hed y with with samy
ger in the period of the perio	ONSET AND DEATH	ŧ	Y: Enilancy	ART I. DEATH WAS CAUSED BY:		in the notation that is in the last in the
Conditions, if any, which gave rise to immediate causa (a), stating the undarlying causa last.	- administrative		(0)	Marie Contract of the Contract	25	se es alo
gave rise to immediate causa (a), stating the undarlying causa last. (b) (c)		nia	Pronche manua	55.5	Conditions.	urial wrial
causa last. (c)				se to îmmadiate causa	gave rise to	shore of the company
DABT II OTHER S ON FICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BART VIV. 10 WAS AUT.				iring the undarrying		rate indir iner d as
TAN III. OTHER SIGNIFICANT CONDITIONS CONTROL OF THE TENTION OF TH	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	OT RELATED TO THE TERMINAL DISEASE COND.TIC	ONDIT ONS CONTRIBUTING TO DEATH BUT	RT II. OTHER S.GN FICANT CONDIT	PART II	xam use use lion,
YES X NO	YES 🛣 NO				CAT	is cell is cel
PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN PART II.a. 19. WAS AUTHOR TO THE TERMINAL DISEASE COND.TION GIVEN IN THE TERMINAL DISEASE COND.TION)	Entar nature of injury in Part I or Part II of itam 18.)	, 206. DESCRIBE HOW INJURY OCCURED.	RY OF CONTRIBUTING	PRIMARY	Aedive v
A 20 THE OF INHIPY Month Day Yes. 1 204 INHIPY OCCUPRED 20 PLACE OF INHIPY (Home farm 1 206 IChy or form)	(County) (State)	ACE OF INJURY (Home, farm, 1 20) (City or town)	Yang I 204 INILIRY OCCURRED 20a P			
Mhile Not While Not While ractory, street, once bings, etc.)) (complete to the control of the co	tory, street, office bldg., atc.)	While Not While	four a.m.		
K 0 1 2 0	Inquiry , and in my opinion	eld an Autopsy , Inspection .	17 1			EX.
					1 1	
death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DATE BIGNE	_	CHIEF MEDICAL EXAMINER	1/51	11/2		age age
ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X DATE BIGNE	DATE SIGNED	M.D. ASSISTANT MEDICAL EXAMINER	() pull			ME do the parties of
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER ADDRESS DEPUTY MEDICAL EXAMINER ADDRESS NAME (Type) Address (Street, city, town, or county)	1/14/60	DEPUTY MEDICAL EXAMINER		INER'S	EXAMINE	P. B. A. Signs
NAME (Type) Address (Street, city, town, or county) 226. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) REMOVAL (Specify)	y, town, or country) (Slate)		HEREOF 226, NAME OF CEMETERY			EPU se ex ould ould ound ound
REMOVAL (Specify) Oatob Burial Jan 15, 1959 Cokesbury Memorial Abingdon, Harford, Md.		· ·		AL (Specify)	REMOVAL	
23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		24a. REC'D BY REG.STRAR 246	ADDRESS	17777		йй
5M 7/59 Abingdon, Maryland. DAJAN 18'60 Gatting & Krous	Cathan & Kenna	ryland. DAUAN 18'60	Me Abingdon, M	vard & Witom	HOW	101 1110.110



arthur & Trenssa

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDI



と開

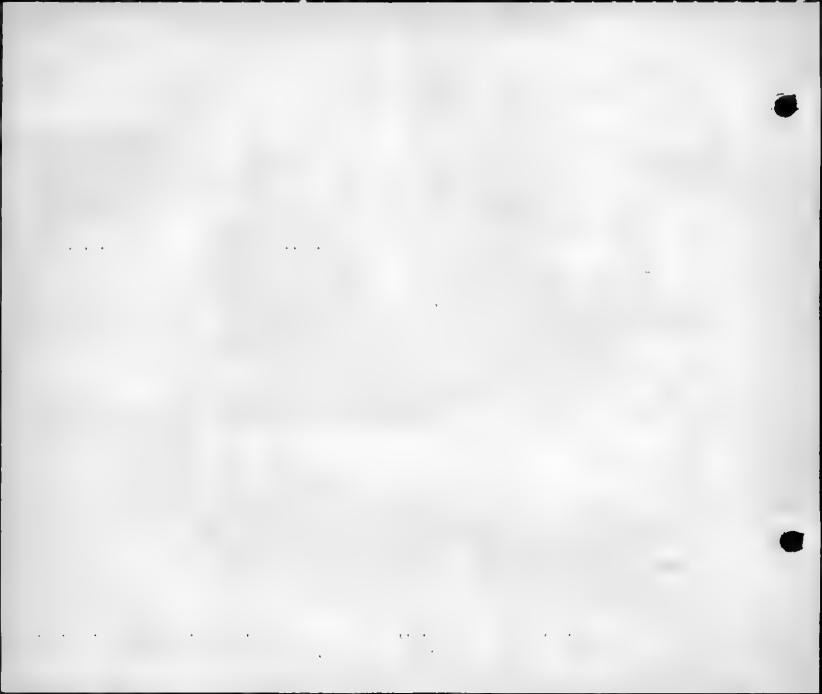
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00743

			R	eg. Dist. No.
D. PLACE OF DEATH o. COUNTY Harpore	0749ARYLAND	2. USUAL RESIDENCE (Where deceme o. STATE	ed lived. If institutions b. COUNTY	Residence before admission) Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give records town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	prote limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	/d. STREET ADDRESS	te 7	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) G-1-0 VE7-	M. Middle 5%	Lost 4. DATE OF DEATH	Januar	Day Year 1967
6. COLOR OR RACE 7. MARR WIDOW	_	2-26-90	for a female day a	MIDER TYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)			ountry)	2. CITIZEN OF WHAT COUNTRY
Miner 13. FATHER'S NAME	Coal	W.Va.,		U.S.A.,
James Shepard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116	SOCIAL SECURITY NO. 117. #	Ida Mc Vey	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	2.5		Address	
		racey Shepard	J	oppa, Maryland
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).	P (01/	Lesas	ONSET AND DEATH
Conditions, If ony, which gove rise to immediate couse (a), stating the underlying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN I	PART 1(6) 19, WAS AUTOPSY PERFORMED? YES NO
	BE HOW INJURY OCCURRED. (E	nter nature of injury in Port I or Port II	of item 18.)	
Hour - Wit		CE OF INJURY (Home, form, 20f. (City street, office bldg., etc.)	or town)	(County) (Stote)
21. I certify that I toak charge of the death resulted fram: Natural causes	44		nspection 🗷, li ndetermined caus	nquiry [], and find tha
ACTUAL SIGNATURE LEVALUE FO	(2)	_M.D. CHIEF MEDICAL EXAMINER	BelAV	DATE SIGNED
EXAMINER'S FRYLICE F	almer +	ASSISTANT MEDICAL EXAMINER (_	1-16-61
220. SURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Removal Jan.17,1960	22c. NAME OF CEMETERY OR Tyre F.H.,		Hope, Faye	tte Co., W.Va.,
23, FUNERAL DIRECTOR'S SIGNATURE	Abingdon, Ma	24c REC'D RY REGIST	RAR 24b. REGISTRA	R'S SIGNATURE
Neltrud R Helong W	VoTII ROOM ING	DATAN 1 8 '60	anima	S. Frank

VS. A15ME(5) 5M 9/55

or remaval.



the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

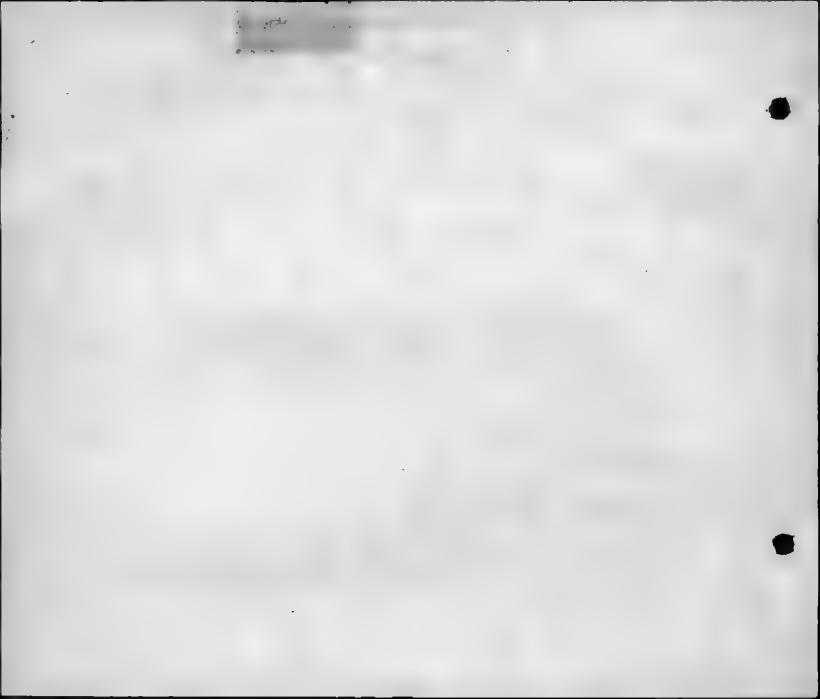
The Nottom capy may be retained by the hospital

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1)(-744

CERTIFICATE OF DEATH

	072	26	Reg. Dist. No							
1. PLACE OF DEATH	0		2. USUAL RESIDENC	E (HOME) OF DECE	ASED					
COUNTY Hil was	de	MARYLAND	STATE Windred	COUNTY H	ereard					
CITY (If outside corporete limits, OR end give necrest town)	write RURAL	LENGTH OF STAY (in this piece)	CITY (If outside corpore	le limits, write RURAL and giv	e nearest town)					
TOWN FLANCUE NE	Luce	Tipetrice	OR HOWN Have	e die. Ihn	le					
HOSPITAL OR INSTITUTION OR	20	51 1	STREET ADDRESS	(If Furel give loce	tion)					
STREET ADDRESS 2/4	Kerolutie	In Street	2/4/	Evel, Tur	Street					
3. NAME OF (Figst)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Yeer)					
(Type or Print)	n li	U. Ski	iner	OF DEATH /	20 1060					
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRII WIDOWED, DIV	ED, 8. DATE		AGE last birthday IF L	NDER 1 YEAR IF UNDER 24 HRS.					
Male Theyer	(Specify)	Wind 2/	22/1894	yrs. Mon	ths Days Hours Min.					
10s. USUAL OCCUPATION (Give kind done during most of working Jife		ID OF BUSINESS	11. BIRTHPLACE (Slate or foreign	country)	12. CITIZEN OF WHAT					
retired) Stork Clay	o even il Trock	uce Store	Havre de ?	SARE	COUNTRY					
13. FATHER'S NAME	· ·		14. MOTHER'S MAIDEN NA	ME	1.00.01					
Horace Si	Renner		Rose)	Chance un						
		SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	1424 Usvices, St					
(Yes, no, or unk.) (If Yes, give wer	or detes of service)	15-09-51	2+ Amrs ma	rior Vou av	2 Tersengton BCT					
I DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH					
1400 IMMEDIATE CAUSE	W Meta.	static Circini	ona of the Up	per Lip						
ANTECEDENT CAUSE(S)	DUE TO		1	' /						
DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAU	Y, (B)									
STATING UNDERLYING CAUSE LAS	ST. DUE TO									
II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED.										
19e, DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?					
21e. ACCIDENT WAS UNDERLYING	21b. PLACE (Home	form factors	21c. WHERE DID INJURY OCCUR?	100 miles	YES NO					
OR CONTRIBUTING CAUSE OF DEAT	TH OF INJURY street, o	office bldg., etc.)	ZIC. WHERE DID INSORT OCCUR?	(City or lown)	(County) (State)					
21d, TIME OF INJURY (Month) (De	y) (Year) (Hour) 21s.	INJURY OCCURRED	216. HOW DID INJURY OCCUR?							
	M, et w				•					
22. I hereby certify that	l attended the decea	sed from6/3	G 19.59 to 1	19 19 60 11	at I last saw the deceased					
alive on 19			at 9:50 A.M. from the car							
SIGNATURE	£1 11.			ESS (Street, city, town, stet						
Jucage J.	The sture	- 1 111,01	5641Pc- lution 31	Hared Grace	Md 1/20/60					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or o	ounty) (Stele)					
Burial	125/60 ()	Dultimere)	16 well senting	Bullequere	Manduck					
	REGISTRÁR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIG	SNATURE /	ADDRESS 9					
DATE JAN 2 6 '60	Chillian & Flows		Parsent & Du	West Hi	12120 811118					



ADDRESS

24a. REC'D BY REGISTRAR

DATEJAN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARM? YES NO Day Year 19 6 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Doys Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH YES | NO I 20f. (City or town) (County) (State) Inspection Inquiry and find that Undetermined couse DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

Reg. Dist. No.

IS RESIDENCE

b. COUNTY

VS. A15/AE(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



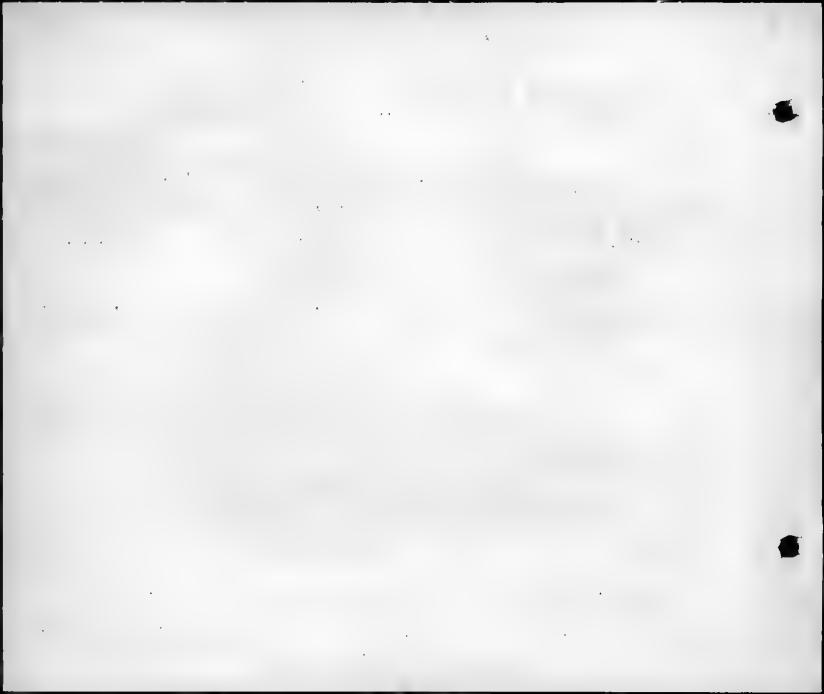
00746

1. PLACE OF DEATH 0. COUNTY			MARY	LAND	o STATE			lived. If institute b COUNTY					
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					Maryland Harford								
RURAL and give nearest form) Abingdon 40 yrs.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Abi	X Abingdon												
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	give street	oddress)		d. STREET AD	DRESS					ON A	SIDENCE A FARM?	
3. NAME OF	Fir	st	Middle		Lost		4. DATE	Mor	ı îh	Do	ly	Yeor	
(Type or print)	Anna		P. So		onberg		OF DEATH	Jan			*	19 60	
S. SEX		7 MARI	RIED NEVER MARRIE	-	. DATE OF BIRTH			9 AGE (In years	IF UNDE			ER 24 HRS	
73 1	White	WIDOW	7.7	- 1	Nov.11,	1887		last birthday)	Months	Doys	Hours	Min.	
Female 100. USUAL OCCUPATI	ION (Give kind of work						or foreign co		12 (ITIZENI C	NE WHAT	COUNTRY	
during most or wo	rking lite, even it retired)	_				or totelan co	,,	18. 0				
Propriet 13 FATHER'S NAME	or		Grocery		Cze					U.	S.A.	,	
13. PATRICKS NAME					14 MOTHER'S A	MAIDEN N	AME						
	ander Pous					cnown							
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	. 17. IN	FORMANT			Add	lress				
no			218-34-1107	7 I	Henry A.	Sonb	erg	Ab:	ingdo	n, Ma	ryla	ind.	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]		~					ERVAL BI		
PART I DE	PART I DEATH WAS CAUSED BY												
443X	IMMEDIATE CAUSE (o	1-1-134-	They do to	1100	2 2 C () L 11 1		000000	and the fact	HACY	1			
Condition 1	Conditions, if ony, which)												
gove rise to	immediate !									-			
	couse (a), stating the under DUE TO												
lying couse lost.													
PANT II. OI	THER SIGNIFICANT CON	IDITIONS S	CONTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO 1	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) [1	PERFC	DRMED?	
2											YES NO ST		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2002 ACCIDENT WAS UNDERLYING 2005. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING 2005 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
	RY Month, Day, Yes		NJURY OCCURRED	20e. PLA	CE OF INJURY (H	ome, form,	20f. (City	or lown)		(County)		(Stote)	
Hour e.m.	19	While of wor	k Not while	100	ory, street, office !	olag., etc.	1						
		4		26	10 5-4		1125						
•	hat I attended the				19 <u>57</u> ,		11-63	, 19 <u>6</u> 1	_,that I	last so	ow the	decease	
alive on	15-7-	, 19	<u>ं ७ (</u> , and that	death	accurred at					the da	te stat	ed abave	
ACTUAL 5	1 (1	63	. /		50	1/	ADDRESS (Sh	reel, city or town,	stote)	1	D	ATE SIGNES	
SIGNATURE	1 He vivs	10	Chille-	N	ID. DT	F 76	6 6	2111/11/11	GSI	14	٤	1/8:1	
PHYSICIAN'S NAME (Type)	E. Louis Ka	han				Edge	ewood	Marylar	ıd.	1		1 7	
	ON, 226. DATE THEREC)F	122c NAME OF CEME	TERY OR	CREMATORY		22d LOCAT	ION (City, town,	or countyl		(Stot	tel	
REMOVAL (Specify	Feb.1.196	60	Cokesbur					zdon. Ha					
23. FUNERAL DIRECTOR		7	ADDRESS	A MEI		240 PEC'E						LIALL 8	
Doutard	K lle Com	4		ngdo		DATE	EB 3	RAR 24b REGI	inthuy.	d. Th	MA		

may be retained by hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplelely filled in by the XXX mom 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. IDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 10/57

death Page 4



director,

07

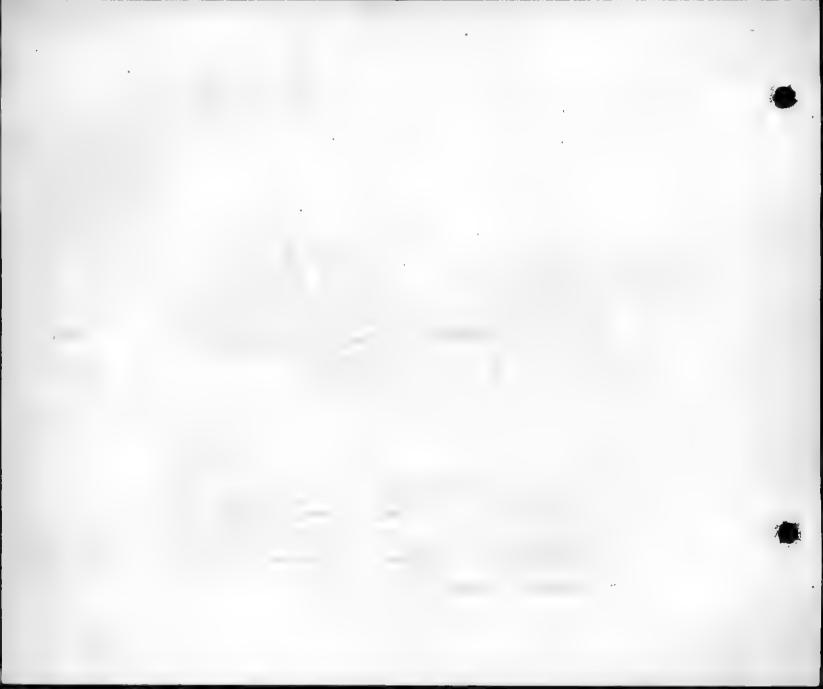
may be retained by the spital ar attending physician.

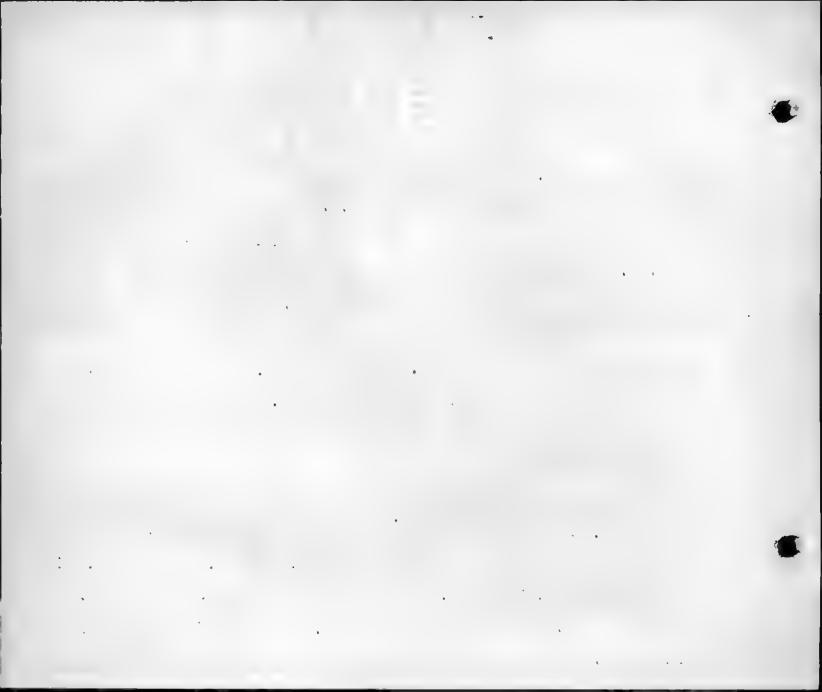
In IUNERAL MRECTUR: After this certificate has been signed by the attending plysician and completely filled in by the fundral page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fither registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter death.

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

VS A1S (4) 15M 9/58

41	0727 CERTIFICA	ATE OF DEATH	Reg. Dist. No.	eg. Dist. No.			
)	1 PLACE OF DEATH COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution Residence before b. COUNTY Harfar	admission)			
	b CITY OR TOWN (fouls de corporate imits, write c LENGTH OF STAY IN 16 RURAL and give nearest loyn)	CCITY OR TOWN (If outside of	orporate imits, write RURAL ond give neare	est town)			
1	d. NAME OF HOSPITAL (If not in pospital, give street address) OR INSTITUTION HARFORD MEMORIAL	Van Bib	1.00	IS RESIDENCE ON A FARM? YES NO S			
	3. NAME OF DECEASED (Type or print) STANLEY E S	TANOI FORDS	ATH LENUNRY 31	Year 19 6 C			
	MALE White WIDOWED DIVORCED	8. Date of BIRTH July 5, 1896	63 yrs	Hours Man			
1	JOB JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU: during most of working life, even in retired)	maryl	gn country) 12 CITYEN OF V	VHAT COUNTRY?			
	13 FATHER'S NAME William K Standsford TS WAS DECEASEDEVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 18	14. MOTHER'S MAIDEN NAME	amoss				
	(Figs. no. or unknown) (Figs. give year or dates of service) 22022-0758	Georgian M.	Standford Edgi	rosed Mi			
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Roompens	alion INTER ONSE	VAL BETWEEN T AND DEATH			
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.	, D',	2_	years			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS		WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part 1 o	Port II of item 18)				
		ACE OF INJURY (Home, form, 20f ctory, street, office bldg., etc.)	(City or fown) (County)	(Stote)			
	21. I certify that I attended the deceased from 13.1. 19 60, and that death	19 66 to 1 /1	3 (, 19 6 that I last saw om the causes and an the date :	the deceased			
	ACTUAL SIGNATURE STORES	(Street, city or lown, stole)	DATE SIGNED				
/	PHYSICIAN'S Edward C. Loo M.D.	for DR Simon					
9.	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Feb. 4.1960 Cokesbury Memory		OCATION (City, town, or county) Abingdon, Harford,	(Stote) Md.,			
-	231 PUNERAL DIRECTOR'S SIGNATURE ADDRESS Abingdon	24a, REC'D BY RE					





163X Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.

20c. TIME OF INJURY Hour o. m

1900 that I last saw the deceased

21. I certify that I attended the deceased from the

ACTUAL SIGNATURE

o. COUNTY

NAME OF DECEASED

13, FATHER'S NAME

Yes

5. SEX

shauld

carbon ofter de

and that death accurred at

ADDRESS (Street, city or town, state)

DATE SIGNED

220. BURIAL CREMATION. REMOVAL (Specify) Bur i al

23. FUNERAL DIRECTOR'S SIGNATURE

Spesutia Cemetery Tarring Funeral Home

22c, NAME OF CEMETERY OR CREMATORY

Aberdeen. Md.

Perryman.

Maryland

(Stote)

John

22b. DATE THEREOF

24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR FEB 4 DATE

22d LOCATION (City, town, or county)

Cirthur & Trava

11M, from the causes and an the date stated above.

2 VS A15 (4) 15M 9/35

DIRE shauld



071

MARYLAND STATE DEPARTMENT OF HEALTH—RALTIMORE, 18

Н			DALLING NO, 10	0.087						
L	0729 CERTIFIC	ATE OF DEATH	Reg. !	Dist. No.						
1.	PLACE OF DEATH COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where of	deceased lived. If institutions Pasid b. COUNTY	lence before admission)						
Γ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside	de corporate limits, write RURAL an	d give nearest town)						
1/	HAVRE de GRACE 2 WKS	PORT	Deposit	67× -						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HAR FORD MEMORIAL HOSP.	d. STREET ADDRESS	MAIN ST	ON A FARM? YES NO						
3.	NAME OF DECEASED (Type or print) RITH Harris V.		DATE Month OF DEATH JANUARY	Day Year / 19 60						
S.	SEX 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/10/08	9. AGE (In years IF UND lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS Doys Hours Min.						
10	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDI- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Slate or fo	preign country) 12. (CITIZEN OF WHAT COUNTRY?						
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	3							
1	Tousey Thomas	Callie	Hickenbo	ttom						
15	and the second s	HERMANT HARRI	Address 240 N. PORT	MAINST. Deposit, Me						
	PART 1. DEATH WAS CAUSED BY: DUE TO	faction		INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c) Arterio scleratic Cerebral Vascular disease									
CATION		IT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	PERFORMED?						
CFPTIF		ED. (Enter noture of injury in Port	I or Port II af ilem 18.)							
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P While Not while of work of lot work	LACE OF INJURY (Home, form, 2 actory, street, office bldg, etc.)	(Of, (City or town)	(County) (Slole)						
	21. I certify that I attended the deceased from 9/30 alive on 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V	A, from the causes and an MRESS (Street, city or lown, stole)	I last saw the deceased the date stated above. DATE SIGNED						
	(.)									

22d LOCATION (City, town, or county)
Port Deposit, Md. 220. BURIAL, CREMATION, REMOVAL (Specify) DATE-THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1-4-1960 Memorial Jones ADDRESS
Perryville,Md 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

(State)

Cirthun S. France

'60

DATESN 5

Rural

VS A15 (4) 15M 9/55

TO HOSPITAL OR A



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0730

CERTIFICATE OF DEATH

00751 Rea. Dist. No.

1. PLACE OF DE	Harford		MARYL	AND	Maryl:	and		l lived, If institution b. COUNTY	Har	ford	1		
Havre	OWN (If outside corporate liming give nearest town) de Grace, Md HOSPITAL (If not in hospital, g	ace. Md. li davs			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) X Pylesville, Md.								
Harfo	ord Memorial H			/	d. STREET ADDRESS				1 06		ON	RESIDENCE LA FARM?	
3. NAME OF DECEASED (Type or print)	Francis (Francis	ı I.	Middle		اما Mheeler		4. DATE OF DEATH	January		20		Year 19 60	
5. SEX Male	6. COLOR OR RACE	7. MARRIED			lar. 23				If UNDER				
10a. USUAL OCC during most Far	UPATION (Give kind of work of working life, even if retired) MCT	ione 105. KINI	of Business or wn Farm	INDUSTR			or foreign co	_	12. CI	TIZEN O		COUNTRY	
13. FATHER'S NAMES Sylve					14. MOTHER'S		Glack	in					
15. WAS DECEAS (Yes, no. or unknown) NO	ED EVER IN U. S. ARMED FOR	ervice)	ial security no.		ormant in Webs	ter,	Pyles	Addr Ville RD					
PART 42 Canditions gove rise	OF DEATH [Enter only one can be caused by: I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Uremi:	•					/13/1960		ONS 16	erval Bi et And daj	DEATH	
	II. OTHER SIGNIFICANT CON							CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO	AUTOPSY PRMED? NO 🔏	
20g. ACCIDE OR CONTRIB (IF EITHER, N	IOTIFY MEDICAL EXAMINER)		E HOW INJURY OC	CURRED. (Enter nature o	f injury in P	Part I or Part	Il of item 18.)					
E Haur	INJURY Manth, Day, Yea o. st. p. m. 19	While	Not while at wark	Oe. PLACE factor	OF INJURY (y, street, affice	Home, farm, bldg., etc.	20f. (City	or lawn)	(County)		(Stote)	
actual signature	January 28,	P. H	and that o	death a	ccurred at	orest	M, from ADDRESS (Str H111,	Maryland	nd an t stote)	he dat	e state		
	Willard P. H MATION, 22b. DATE THEREO Tecify) Feb. 1,19	F 22	c NAME OF CEMET	ERY OR C	REMATORY	rore	22d. LOCAT Pvle	ION (City, town, o SVille, 1	Mary county)		(Stat	id.	
23. FUNERAL DIRI	ECTOR'S SIGNATURE		ADDRESS Stewarts	low	Pa	240. REC'D	BY REGISTI	RAR 24b. REGIS		GNATUR			

